ward. Characteristic kyphotic attitude. No paralysis, but considerable weakness of affected muscles. No disturbance of speech, nor loss of control of sphincters. Gait normal. Patellar reflex absent. Pupils equal, reacting to light and accommodation. No optic nerve changes. No bulbar symptoms. At times choreiform movements of upper and lower extremities. Fibrillary tremor not detected. Mental symptoms considered to be part of the general disease, due to extension of spinal lesion to the brain. Patient feeble-minded, forgetful, unable to concentrate the attention. Vocabulary reduced to a few words. Mental impressions retarded.

J. E. Clark (New York).

THE BLOOD, FROM A CLINICAL ASPECT. J. G. Emanuel (The Birmingham Med. Rev., June, 1901).

In tuberculous meningitis there is generally a leucocytosis. Given a doubtful case of typhoid or tuberculous meningitis, a raised count would negative uncomplicated typhoid and would be in favor of tuberculous meningitis. J. E. Clark (New York).

A CASE OF PRIMARY PNEUMOCOCCUS MENINGITIS SIMULATING PUERPERAL ECLAMPSIA. Thomas Wilson and J. G. Emanuel (Birmingham Med. Rev., April, 1902).

The authors report an interesting case of pneumococcus meningitis, with autopsy, which had been previously diagnosed puerperal eclampsia. The patient, multipara, six to seven months pregnant, admitted to the Birmingham General Hospital in a comatose condition. For several days had complained of headache, followed by convulsive seizures and unconsciousness. Albumin and sugar present. No edema. Heart and lungs negative. Death on fifth day after onset. Post-mortem examination disclosed a purulent meningitis due to pneumococcus infection. Brain 41 ounces by weight. Surfaces of cerebrum, cerebellum, pons and medulla covered with purulent exudate. No changes observed in gray or white tissue upon gross section. Ventricles normal as to distention. No signs of tubercle, middle ear disease nor pneumonia. No septic focus. Bacteriological examination of exudate revealed diplococci resembling Fraenkel's pneumococci. Glycosuria was attributed to the meningitis in association with an enlarged and fatty liver. J. E. Clark (New York).

MENTAL DISTURBANCE DURING THE PUERPERIUM. W. H. Hattie (Montreal Med. Jour., Sept., 1902).

Ten per cent. of females admitted during past three years at Nova Scotia Hospital for treatment of "so-called" puerperal insanity. The writer, while allowing due consideration for inherited predisposition, believes that a large proportion of cases result from causes (toxic or infectious) which are generally preventable at this period. Prophylaxis in respect to the maintenance of healthy bodily nutrition, avoidance, so far as possible, of nervous stress, antisepsis, *etc.*, are recommended.

J. E. Clark (New York).

THE BLOOD IN CERTAIN CUTANEOUS, NERVOUS AND MISCELLANEOUS DISEASES, WITH REMARKS UPON THE ORIGIN AND SIGNIFICANCE OF THE EOSINOPHILES. Thomas R. Brown (Maryland Med. Jour., July, 1902).

In twelve observations, upon two cases of chorea, the writer states the total number of leucocytes was normal in every case, while the eosinophiles varied between 5.2 and 9.5 per cent., that is, there was always a distinct, and on some occasions a definite increase in these cells. In connection with Neusser's views, that "the supply of eosinophile cells in the blood is controlled by the sympathetic nervous system, and eosinophilia is the expression of sympathetic nervous irritation," the above is of especial interest. In three observations, on three cases of angio-neurotic edema, both leucocyte count, and percentage of eosinophiles, were practically normal. While in two of the three observed cases of epilepsy, also reported upon, there was a leucocytosis, one slight, the other quite marked, 18,000. The eosinophiles were present to an extent of one per cent. in two of the cases, and five per cent. in the third, a case with a leucocytosis of 10,500 and associated with incipient senile dementia. Burr and Murphy, separately, in chorea, have shown that an anemia is usually present. Murphy believes that chorea is the cause, the blood changes being the effect.

Krainsky considers the blood in epilepsy to be increased as to its toxicity. Herter holds divergent views. Jenks believes there is a marked increase of large mononuclears, prior to the epileptiform seizures, while Capps and Burrows have found that a leucocytosis, often of a very marked degree, is associated with convulsions, whatever the cause.

Kappert, as a rule, in organic and functional nervous disease, found a moderate eosinophilia. Neusser describes a similar condition in various nervous disorders J. E. Clark (New York).

POST-OPERATIVE INSANITY. Alex. Pilcz (Wien. klin. Woch., Sept. 4, 1902).

Of the small number of cases of insanity following surgical operation, some may be referred to a previous syphilitic infection, others to alcoholic poisoning, or suddenly enforced abstinence from alcohol. Chloroform or iodoform are possible causal agents. Senile patients sometimes develop mental disturbances as a result of loss of blood, narcosis, antiseptics and other irritations. Among children, except in cases of sepsis, insanity is practically unknown. Among cases with definite degenerate disposition or bad heredity, insanity not infrequently develops. Hysteria is especially liable to give trouble. The general condition at the time of operation is the most important question in the production of acute post-operative insanity. Cachexia of any sort, malnutrition, gastro-intestinal disorders have definite influence. Psychical factors are important, such as fear of operation, excitement, or mental depression.

After certain operations, such as castration, the loss of an "internal secretion" has been held to be the cause of mental disturbance. The author believes that the cause is more probably reflex psychoses, such as might have occurred from other circumstances. In most cases iodoform poisoning or slight or severe sepsis is the cause of mental disturbance. In a fatal case of Voisin, after ovariotomy with wild delirium, an acute hemorrhagic meningo-encephalitis was found at autopsy, though the wound was in good condition. A case of Seeligman, of acute delirium following a gynecological operation, large doses of opium had caused constipation and secondary auto-intoxication. Auto-intoxication and uremia are active and not infrequent causes. Excessive pain sometimes causes transitory psychosis. The clinical type of the insanity may vary from mania to paranoia. Iodoform poisoning simulates acute delirium. The hysterical cases develop hysterical delirium, "folie des dégénerés." Old people develop typical senile insanity. W. B. Noyes (New York).